

BLOOD TRANSFUSION REACTION INVESTIGATION																	
SECTION I. INITIAL NOTIFICATION								DATE	TIME								
Upon initial notification of a possible transfusion reaction the following actions must be taken: 1. Draw a large clot tube and an EDTA tube. 2. Direct nurses to collect a urine specimen ASAP. 3. Direct the collections of serum for a bilirubin between 5 - 7 hours and 24 hours after the suspected reaction. 4. Direct the collections of urine specimens 5 - 7 hours and 24 hours after the suspected reaction. 5. Have Section II of this form completed by Nursing personnel ASAP.																	
SECTION II. PATIENT IDENTIFICATION																	
NAME			HOSPITAL NO.		SPONSOR SSN		DIAGNOSIS										
PHYSICIAN			BLOOD UNIT NO.		TIME STARTED		TIME COMPLETED										
AMOUNT GIVEN		TIME REACTION OCCURRED			PATIENT'S TEMP PRE-TRANS		POST-TRANSFUSION										
PATIENT'S BLOOD PRESSURE PRE-TRANS			B/P POST-TRANSFUSION		TYPE OF REACTION												
SECTION III. TEST PERFORMED IMMEDIATELY																	
The following must be performed immediately. If at all possible the investigation will be completed by someone other than the technician who set up the crossmatch. If not immediately possible, the investigation will be repeated by a disinterested party as soon as practical.																	
				RESULTS			TECHNICIAN										
1. Review clerical work																	
2. Visual comparison of post transfusion plasma with pre-transfusion plasma specimen for hemolysis																	
3. Perform direct coombs on post-transfusion specimen																	
4. Perform gram stain on blood unit plasma sample and set up culture on the unit. (Gram stain results)																	
5. Perform occult blood on post transfusion urine specimen																	
NOTE: ATTACH ALL LABORATORY SLIPS																	
If any of the results in Section III are positive, notify the laboratory Superintendent or OIC and continue with the following actions. For all reactions, other than a suspected hemolytic reaction, no further tests are required, except for Section V. For suspected hemolytic reactions, complete the tests as directed.																	
SECTION IV. IMMUNOHEMATOLOGY AND CROSSMATCH RECHECK																	
ABO & RH RECHECK		CELL REACTION WITH			SERUM REACTION WITH		ABO GROUP		CELL REACTION WITH								
		ANTI-A	ANTI-B	ANTI-A, B	A ₁ CELLS	B CELLS			ANTI-D	ANTI-D AHG	D-CONTROL						
Pre-Transfusion																	
Post-Transfusion																	
DONOR																	
RED CELL ANTIBODY SCREEN																	
PRETRANSFUSION		CELL		SALINE/ALB			ENZYME		POSTTRANSFUSION		CELL		ALBUMIN			ENZYME	
				RT	37° C	AHG						RT	37° C	AHG			
Date of Sample		I								DATE OF SAMPLE		I					
		II										II					
		AUTO										AUTO					
COMPATIBILITY RETEST																	
PRETRANSFUSION WITH				ALBUMIN				POST TRANSFUSION WITH				ALBUMIN					
				RT	37° C	AHG						RT	37° C	AHG			
DONOR								DONOR									
DONOR								DONOR									
REMARKS																	